Notes from Ohio Partners for Cancer Control (OPCC) General Membership Meeting | November 12, 2020

Contents

Introductions

(Professional Data Analysts)

- We want to acknowledge the Cancer Plan Revision Core Team, which includes the OPCC Executive Co-chairs and the Comprehensive Cancer Control staff at the Ohio Department of Health. This team has been in charge of facilitating the process with the topical workgroups and the 60+ volunteers who helped revise the Cancer Plan.
- **The Cancer Plan Revision Core Team members include:**
    - Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio, OPCC Co-chair
    - Lindsey Byrne, Licensed Genetic Counselor, Comprehensive Cancer Center Ohio State University, OPCC Co-chair
    - Amy Bashforth, Chronic Disease Program Manager, Ohio Department of Health
    - Emily Bunt, Researcher 3, Ohio Department of Health
    - Jill Price, Public Health Consultant
    - Debbie Wallace, Administrative Assistant

Facilitators from Professional Data Analysts (PDA)

PDA is an external consulting firm located in Minneapolis, MN that focuses on evaluating public health programs, including Comprehensive Cancer Control and programs focused on other chronic diseases.

- Melissa Chapman Haynes, Director of Evaluation, PDA
- Kate LaVelle, Senior Evaluator, PDA
- Liz Willey, Evaluator, PDA

The meeting will involve multiple ways to engage, including typing in the Zoom chat box, breakout rooms, verbally sharing, and using the real-time cloud-based program, Mentimeter. We will be doing some debriefs to get information about what you are learning. We encourage everyone to be present, knowing that it is a challenge.

Welcome and Overview

(Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio, OPCC Co-chair)

Reflection on 2020 Revision Process and Hope for 2021 Cancer Plan Implementation

- Angie welcomed everyone to the November OPCC meeting and thanked them for the amazing work they have done.
- We want to reflect on the 2020 revision process. We have been working hard since March and our first meeting this year on developing objectives and strategies for the Cancer Plan.
- We want to keep the momentum going and build some hope for the 2020 Cancer Plan implementation process.

Today's meeting goals

- Celebrate the hard work that has gone into the Ohio Cancer Plan revision process.
- Present the final objectives and strategies of the 2021 – 2030 Cancer Plan. As a reminder, this is a 10-year plan that we are moving into and our objectives and strategies reflect that. We are able to include some strategies that might take a little longer to implement. We are excited to see how this 10-year plan allows us to dig into some great work.
- Start shifting from that planning phase to implementation of the Plan.
- Share opportunities for how you can continue to be engaged in this process.
- If you have not been a part of a group, now is the time to jump in, get started, and be a part of this work. We are going to share opportunities for how you can do that.

What is the OPCC?

- We know that many people have jumped in on the process of helping to create our new goals and objectives who have never been a part of OPCC.
- OPCC -- Ohio Partners for Cancer Control -- is a coalition that was formed in the 1990s.
- We are a volunteer-based organization responsible for creating and implementing a statewide, strategic Cancer Plan to reduce the cancer burden in Ohio.
- We are proud of our engaged membership and always looking to identify individuals and organizations that can strengthen our efforts.
- OPCC is a great way to build your network and to work with colleagues from across the state who are also involved in the oncology world. I have come to respect and honor the people who are a part of OPCC and are great colleagues to work with.

What is the Cancer Plan?

- The Cancer Plan is a strategic plan to reduce the cancer burden in Ohio. It is a guide to individuals and organizations, giving them ways to be active to control cancer.
- The goal is to get the Cancer Plan into the hands of everyone who is involved in the oncology world, whether they are involved with OPCC or not. We want anyone, whether you are a physician, a caregiver, a person with cancer, or an advocate, to be able to pick up the Plan and find something that you can do to help in controlling cancer in Ohio.
- There are several aspects to the cancer continuum, and they range from primary prevention to early detection to patient-centered services. You will see these areas as we go through the Plan today.
- The Plan is intended to direct our collective efforts toward specific and measurable objectives. The Plan is a great way to be able to measure, and to look back and say we really achieved this. We have some baseline data for many objectives or we have goals to get baseline data for objectives.

Reminder: Please take the Implementation survey that was sent to you through email. This survey will help us figure out how the Cancer Plan process went and make sure that we're not missing anything going forward.

Activity – Celebration of Progress!

(Professional Data Analysts)

Goal: To engage with other attendees and share your involvement with the Plan revision process. Networking is an important part of the OPCC.

Participants in breakout rooms had the opportunity to introduce themselves and share how they were involved with Ohio's Cancer Plan revision process, if at all. Discussion in the breakout rooms lasted for 10 minutes. Then the small groups were able to share thoughts from their conversations using the cloud based Mentimeter application.

How were you involved in the Cancer Plan revision process? (46 responses)

- Part of HPV-associated Cancers and Cervical Cancer Screening workgroups
- Created and Chaired the newly formed Cancer and Aging Workgroup
- Establishing objectives and strategies
- Breast Cancer Committee
- Revision of Objectives
- Helped revise objectives
- Co-chair of patient centered services, development of objectives
- Core Team and co-lead of workgroup
- Provided data for SMART objectives and targets
- On 3 committees that worked on the plans
- Co-Lead for Lung Cancer Initiative- Early Detection and Treatment
- Pediatric Cancer Workgroup
- Part of survivorship committee
- Worked on objectives and strategies for breast cancer!!!!!!!!!!
- Part of the melanoma workgroup, working with physicians and labs
- I was a co-chair for the Nutrition, Obesity, and Physical Activity Objectives
- Cervical cancer and HPV team
- Co-chair of workgroup
- Revision of objectives for colorectal cancer
- HPV committee
- I did not get as involved as I would have liked, but one meeting to set objectives
- Worked with partners on the Pediatric Cancer Objectives
- Part of HPV Vaccine group
- Roundtable discussion
- OPCC, Executive, co-lead on HCC and lung cancer
- Developing Objectives and Strategies for Palliative Care and Hospice Care
- Participated in the HPV Workgroup.
- Introducing pediatric cancer into the plan
- Patient Centered Services
- Peripherally. Not as much as I would have liked

- Co-chair of the Prostate Cancer Workgroup and also reviewed objectives
- Co-chair of workgroup
- On the HPV [vaccine] subgroup. Amazing group and leaders.
- Developed objectives and strategies for a committee
- I was on the Vaccine/HPV workgroup.
- I was a co-chair of a topical group.
- On core revision team
- Provided cancer data
- Co-chair of UV workgroup
- Co-Lead for the CRC Workgroup
- Helped with objectives and strategies on liver screening and cancer reduction
- Member of executive committee, worked with patient centered services
- Revision of objectives and health equity
- I helped plan the objectives.
- Provided data, revised survivorship objectives, proposed strategies
- Provided a health equity perspective for the survivorship committee

Phase II & III Rollout: Objectives, Strategies, and Stories

(Emily Bunt, Researcher 3, Ohio Department of Health)

Goal: To give a higher-level overview of the revision process and highlighting a few of the objectives of the Cancer Plan. To share the profiles of some of the individuals impacted by cancer that will be included throughout the Cancer Plan.

Cancer Plan Revision Process

- Emily shared that it had been an honor and privilege to work closely with the OPCC Co-Chairs, Lindsey and Angie, this year, as well as so many of the meeting attendees and the team from PDA, on working to revise Ohio's Cancer Plan.
- This will be a high-level review of the revision process. This will be a review for many of you, but I think you will appreciate seeing where we started and how far we have come over the past year.
- We have worked really hard and have the best Cancer Plan yet. Thanks to all of you, we have a roadmap to reduce cancer burden for Ohioans.
- We have a couple of resources that do a good job of summarizing the Cancer Plan revision process. The first is a timeline, which will be available soon on the Cancer Plan Library on the OPCC website (https://ohiocancerpartners.org/cancer-plan-library/).

Major activities that occurred throughout the past year

- In January 2020, the Executive Committee established 8 principles to guide the Cancer Plan process. These principles were incorporated throughout each phase of the revision process, through developing the topical workgroups, developing the Cancer Plan objectives and strategies, and pulling it all together into a final product.

8 Guiding Principles

a. Transparency

- Transparency creates buy-in, facilitates communication, and will help with revision of future Plans because the process will be well documented.
- The OPCC meetings have contributed to the transparency of the revision process, as has the documentation of the process in the Cancer Plan Revision Guidebook (available in the Cancer Plan library on the OPCC website).
- The Cancer Plan Library is another tool we have used to share recordings of meetings and revision resources.

b. Health Equity

- It was critical that the revision process also attend to health equity.
- When we surveyed folks about topics to include in the Cancer Plan, health equity was the most frequently endorsed topic.
- OPCC was fortunate to establish a Health Equity Committee in November 2019, and that has been instrumental in ensuring that health equity was incorporated in developing the objectives and strategies in the Plan.
- A Health Equity Committee member assigned to each topic workgroup as a resource, and one strategy per objective was required to promote health equity.
- We were fortunate to have presentations from Chip Allen, the ODH's Director of the Office of Health Equity, at the OPCC meetings in March and July. He provided a framework for incorporating health equity into the Cancer Plan revision process.
- I had to find a way to get a Schitt's Creek meme into the presentation, but I thought that this was appropriate in that our goal was to fold health equity into each phase of the Cancer Plan revision process. Sometimes we were not sure how to get [health equity] in, but in the end, it got incorporated.

c. Diverse stakeholders

- Including the perspectives of diverse stakeholders was another one of our guiding principles.
- In the process of developing the topical workgroups, leaders were tasked with reviewing the members of their workgroup and determining if they needed to reach out to any additional key stakeholders that might be missing from their group.
- At minimum, each group needed to have two members from two different organizations, and most workgroups had many more members.

d. Align with existing efforts

- After the meeting in March, workgroups were asked to develop up to three objectives. They were instructed to review other local, statewide, and federal efforts relevant to their topic and determine where it made sense to align efforts. For example, the physical activity/nutrition/obesity objectives were aligned with those in the State Health Improvement Plan (SHIP).

e. Data driven

- Technical assistance from the OPCC Data Committee was available to topical workgroups to help ensure that objectives and targets were informed by data. The Guidebook provided a list of resources for workgroups to consider.

f. Measurable goals

- As Cancer Plans are expected to be evaluated, objectives need to be measurable. They need to be SMART objectives – specific, measurable, achievable, realistic, and time-phased.
- Topical workgroups submitted objectives at the beginning of June, and they were reviewed by the Cancer Plan revision workgroup, which was a group of OPCC Executive Committee members who volunteered to dedicate extra time to the Cancer Plan revision process. They are the group that had the final decision-making authority on what got included in the Plan.
- Most objectives were approved as submitted, but several needed to be revised. Most revisions involved re-writing the objectives so that they were measurable.

g. Evidence based

- OPCC met again in July, where the focus moved toward developing strategies to achieve the objectives.
- Topical workgroups met throughout July and August to develop strategies that were evidence based or a promising practice. If a strategy was not evidence based or a promising practice, a rationale for including that strategy in the Cancer Plan needed to be made.

- The Cancer Plan revision workgroup worked with the topical workgroups to get a final list of strategies, with at least one strategy per objectives promoting health equity.

h. Easy to use & aesthetically pleasing

- We gathered input from OPCC at the July meeting, and also conducted interviews with individuals who have not used the Cancer Plan, hoping to inform the design of the Plan.
- We spent time reviewing other state plans, looking for features that we may want to include in our final Plan. One of those features we noticed in other plans was profiles of individuals impacted by cancer. We hope that including these cancer stories will help make the Plan more accessible and help illustrate why the Plan matters.
- We have finalized the objectives and strategies in the Plan and are now writing the components that will surround the objectives and strategies. The Plan will be professionally designed, taking into consideration the input we received.

Cancer Plan Revision Overview

- There will be a 2-pager available in the Cancer Plan Library that provides an overview of the revision process (https://ohiocancerpartners.org/cancer-plan-library/).
- Some **highlights** included in this resource are:
  - One of the things we are most proud of is that the Cancer Plan revision process expanded opportunities for engagement.
    [Point when Emily's voicemail interrupted with a message about overdue library books!]
  - Ways that **people were able to engage** through this process include:
    - Joined a topical/review workgroup
    - Gave input via survey or OPCC membership
    - Stayed informed through OPCC emails, Cancer Plan library
    - Shared a presentation at OPCC meetings
    - Built partnerships and expand professional networks
    - Joined the virtual OPCC membership meetings
  - Over half of the people involved in the revision process are not currently members of OPCC, although we are hoping this will change and we invite those of you who are not members to become one.
  - **New types of partners** involved in the revision process include:
    - More diverse geographies across Ohio
    - Physicians, including many oncologists, surgeons, and a urologist
    - Parent advocates / parents of pediatric patients

        - Medical students, students in public health programs
    - We think that engagement was so high because, in addition to the virtual meeting format, perhaps our guiding principles of transparency and attending to health equity have increased engagement. We have been intentional to include diverse stakeholders and invite people into this process. All these efforts have paid off and led to increased engagement.

In-depth look at Cancer Plan objectives and strategies

- We have had 17 topical workgroups, who developed 49 objectives and 150+ strategies. We have organized these topic areas into 3 "buckets," although many topics can be included in multiple "buckets."
- Primary Prevention is one "bucket" with the overall goal of reducing the incidence of cancer. There are 7 topics and 22 objectives.
    - The topics included in the new plan are listed below with the new topics in bold.
        - Cancer genetics
        - Environmental carcinogens
        - **Hep B and C screening/detection/management**
        - Physical activity, nutrition, obesity
        - Tobacco use/**Vaping**
        - UV exposure/**Early detection of skin cancer**
        - Vaccines for Cancer prevention/**HPV associated cancers**
- The Early Detection "bucket" has the goal of detecting cancer at the earliest possible stage, increasing available treatment options and survival rates and reducing mortality rates. There are 5 topics and 13 objectives.
    - The topics included in the new plan are listed below with the new topics in bold.
        - Breast cancer detection
        - Cervical cancer detection
        - Colorectal cancer detection
        - Lung cancer detection
        - **Prostate cancer/screening**
- The Quality of Life for Persons Affected by Cancer "bucket" has the goal of improving the lives of those diagnosed with cancer and their support systems. There are five topics and 14 objectives.
    - The topics included in the new plan are listed below with the new topics in bold.
        - Delivery of patient-centered services/Access to survivorship programs
        - **Financial burden and barriers**
        - **Cancer and aging**

        - Palliative care and hospice care
        - **Pediatric cancer**

Highlights of one objective from each of the four Cancer Plan "buckets"

1. **UV exposure/Early detection of skin cancer (Primary Prevention)**
    - Final objectives:
        - Improve reporting of melanoma cases from 3,343 cases to 3,510 cases by 2026 and 3,677 cases by 2030.
        - By 2030, increase education of Ohio youth about skin cancer prevention (and/or reducing UV exposure) through partnerships with three organizations that serve youth.
        - By 2030, restrict the use of tanning devices for those under the age of 18, with no exemptions, by supporting statewide and/or federal legislation as measured by passage of a law that meets model language.
    - Example final objective and strategies:
        - By 2030, increase education of Ohio youth about skin cancer prevention (and/or reducing UV exposure) through partnerships with three organizations that serve youth.
            - Contact youth organizations (e.g., school districts, 4-H, scouts) to urge development of UV safety policies (e.g., sunscreen, hats, sun covering clothing).
            - Produce and disseminate videos about sun/UV avoidance.
            - Provide education about melanoma in individuals with darker skin tones.
2. **Lung cancer detection (Early Detection)**
    - Final objectives:
        - Increase the percent of individuals who have had a lung cancer screening in eligible risk-adjusted, age-appropriate individuals from 5.2% to 15% by 2025 and 25% by 2030.
        - By 2030, increase the percent of Ohioans diagnosed with lung cancer at the local stage from 26% to 35%.
        - By 2030, increase the overall survival for individuals diagnosed with lung cancer in Ohio from 19% to 26.5%.
    - Example final objective and strategies:
        - By 2030, increase the percent of Ohioans diagnosed with lung cancer at the local stage from 26% to 35%.
            - Establish through the ODH a lung cancer project with specific attention and tactics to increase screening accessibility and participation in disparate populations.
            - Increase the number of lung cancer screening sites; increase mobile access via mobile computerized tomography, especially in southern Ohio Appalachian

regions with limited access to screening sites; and streamline the process from approval by insurers and providers to completion.
        - Recruit health systems to promote and increase lung cancer screening, public awareness, and utilization of EMR and patient portals to trigger screening recommendations.

3. **Cancer and aging (Quality of Life for Persons Affected by Cancer)**
    - Final objectives:
        - By 2030, conduct two statewide assessments among cancer specialists to determine rates of geriatric assessment, or components thereof (e.g., frailty and/or functional stratification) according to national guidelines.
        - By 2025, conduct two statewide assessments of cancer screening rates and guideline consistency for older adults with cancer (specifically cancer screening when > or equal to 65 years of age and/or diagnosed with malignancy).
    - Example final objective and strategies:
        - By 2025, conduct two statewide assessments of cancer screening rates and guideline consistency for older adults with cancer (specifically cancer screening when > or equal to 65 years of age and/or diagnosed with malignancy).
            - Develop an assessment tool to determine if healthcare providers are following older adult cancer screening recommendations.
            - Analyze data collected from the statewide assessment to identify barriers and over or under screening among older adults with cancer.
            - Conduct healthcare provider education events with targeted physician specialist groups regarding established cancer screening guidelines (e.g., National Comprehensive Cancer Network, Centers for Disease Control and Prevention, American Society of Clinical Oncology, American Society of Prevention, American Society of Clinical Oncology, American Society of Preventive Oncology).
            - Develop and disseminate promotional materials to increase awareness about cancer screening services including methods to locate local programs.

    You will have an opportunity to look at these objectives and strategies in breakout groups after the break this morning.

Cancer Stories

- Stories will be included in the Cancer Plan to help us illustrate why this Plan matters.
- **Angie Crawford** was diagnosed with neuro-endocrine cancer of the lung, and then several years later, metastatic neuro-endocrine cancer of the ovary with multiple masses throughout her abdomen and pelvis. After surgeries and find the right recipe for chemo, her tumors have gone away except for two pea-sized masses. She is going to continue with chemo for another year or until the masses are gone. Angie says living with cancer is the hardest thing she has ever done.

She relies on her family and faith to keep her going. Her husband and mother have been her caretaker and rocks to lean on, and her children have been her cheerleaders.

- **Donn Young** is a 13-year survivor of metastatic prostate cancer. As a biostatistician who was responsible for designing clinical trials at the OSU Comprehensive Cancer Center, he knew that when he was diagnosed that his best bet was to get himself enrolled in a clinical trial. While he is continuing to receive treatment, he leads an active life. He makes porcelain and stoneware pottery, kayaks local lakes and rivers, rides his bike, plays pickleball, and gets in his 10,000 daily steps.
- **Scarlett James & Jilly Ripley.** This little cutie is Scarlett James, the daughter of Melissa James, the Pediatric workgroup leader, and colorectal sarcoma warrior. She is pictured here with her BFF, Jillian Ripley, who passed away from osteosarcoma in December of last year. Scarlett says, "I had cancer in my belly. My belly is better but some of my friends are still sick. I wish they weren't. I don't want any more of my friends to go to heaven. I miss them when they have to go. Their mommies miss them." Jillian is one of the warriors that inspired the Pediatric Cancer workgroup strategies.

We are honored to include these storied in the 2020-2031 Cancer Plan.

Questions

- Q: Is there a nursing student on this group? (Lynne Brophy)
    - Ans: We are able to find out, and it depends on which workgroup. We have lists of folks who worked on each topical workgroup so that is easy information to find. (Emily Bunt)
    - Also, there is a link to the final topics and objectives: https://ohiocancerpartners.org/wp-content/uploads/2020/07/Objectives_in_Ohio_Cancer_Plan_2021-2030.pdf
- Q: In which areas are clinical trials mentioned? (Tori Geib)
    - Ans: those would be in Quality of Life for Persons Affected by Cancer. (Amy Bashforth)

Cancer Burden in Ohio

(John Kollman, Epidemiologist, Ohio Department of Health, OPCC Data Committee member)

Goal: To provide an overview of the cancer burden in Ohio, share examples of how data were used in the Cancer Plan, and discuss cancer disparities and risk factors. To show where to obtain cancer data specific to Ohio.

- Thank you for inviting me to speak about cancer burden in Ohio.
- Most of what is being presented is based on the **Ohio Annual Cancer Report, 2020,** which provides a summary of cancer incidence and mortality for 2017. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-annual-cancer-report-2020

- 2017 is the most recent data available from the **Ohio Cancer Incidence Surveillance System (OCISS).** OCISS data serves as a baseline year for many of the cancer objectives in the new Cancer Plan. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-annual-cancer-report-2020

Ohio Annual Cancer Report, 2020

- Based on 2017 data, in Ohio there were **67,268 new cancer cases diagnosed**. These are invasive cases only and do not include any cases of carcinoma in situ of any site, except for bladder cancer. And they also do not include the common types of skin cancer, but they do include melanoma, the most dangerous type.
- In 2017, there were **25,647 deaths** due to cancer. This information is from our Bureau of Vital Statistics at ODH (https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/vital-statistics).
- Looking at the top ten cancers in 2017 in Ohio, **breast cancer** was #1 in incidence with **9,906 (14.7%) of cases**. Along with lung and bronchus, prostate, and colorectal cancer, these made up almost half of all cancers diagnosed that year.
- Looking at the top ten cancers for deaths in 2017, **lung and bronchus cancer** by far the #1 cause of cancer death in Ohio, with **6,795 (26.5%) deaths**. Along with colorectal, pancreatic and breast cancer make up about half of all deaths due to cancer.
- The good news is that cancer incidence and mortality in Ohio are trending down.
    - **Incidence** decreased 6% from 2008 to 2017 for all cancers combined.
    - **Mortality** decreased 11% from 2008 to 2017 for all cancers combined.
- Looking at disparities for all cancers combined:
    - Males had a 14% higher cancer incidence rate than females.
    - Black people had a 15% higher cancer mortality rate than white people.
    - It gets more complicated than that because it depends on the type of cancer and there are other disparities there with, for example, black people having higher rates of prostate cancer than white people, and white people having higher rates of melanoma of the skin.

Stage at Diagnosis Example from Lung Cancer Workgroup

- Stage of diagnosis information is available from the Cancer Registry.
- Stage at diagnosis data were used in the Cancer Plan for the Lung Cancer Early Detection workgroup objective, "Increase the percentage of patients diagnosed with localized lung cancer from 26% to 35% by 2030."

- The first thing to figure out was what was meant by "stage at diagnosis." The clinicians mainly use the TNM staging system going from stage 0 to 4, with 4 being the most advanced stage of cancer.
- However, in the analysis of population-based cancer registry data, a system of summary staging is typically used. This is based on the National Cancer Institute's Surveillance Epidemiology Ends Results Program (https://seer.cancer.gov). According to this system, if cancer cells are only present in the layer of cells where they develop and have not spread (non-invasive), the stage is "in situ." If cancer cells have penetrated beyond the original layer of tissue, the, cancer has become invasive and it is categorized at local, regional, or distant based on the extent of spread.

Cancer by County in Ohio

- Cancer rates vary geographically in Ohio as well and is also considered a disparity.
- Ohio's southern and southeastern counties had higher age-adjusted incidence rates for all cancers combined, with Ohio cancer incidence rate of 2017 at 458.9 per 100,000 persons.
- The county with the highest rate in 2017 was Pike County with a rate of 568 per 100,000 persons. That was 24% higher than Ohio's rate and 1.8 times higher than the county with the lowest rate (Holmes County at 318.3 per 100,000 persons).

Cancer Risk Factors

- Another topic of discussion for the Cancer Plan was risk factors that can increase a person's risk of developing cancer. Risk factors include:
    - Age
    - Sex
    - Race
    - Ethnicity
    - Genetics (e.g., genetic mutations, family history)
    - Health behaviors and lifestyle factors (e.g., tobacco and alcohol use, obesity)
    - Poverty/Socioeconomic status
    - Environmental factors (e.g., radiation, infectious agents, workplace exposures)
- Examples of data infographics that they are proposing to include in the Cancer Plan to make it more user-friendly were presented.
    - Looking at age and OCISS data, 56% of all cancer cases were diagnosed in people age 65 and older in 2017.

- For poverty, an estimated 1,583,000 Ohioans (14% of the population) were poor in 2017, compared with 13.4% in the United States.
- For smoking, 20.5% of Ohio adults were current cigarette smokers in 2018, compared with 16.1% in the United States.
- For physical activity, 1 out of 4 Ohio adults reported no physical activity in the past month in 2018.
- For alcohol use, in Ohio, 21.9% of men and 12.4% of women were excessive drinkers in 2018. Excessive drinking is defined as heavy drinking and/or binge drinking.
- For obesity, 34% of Ohio men and women were obese in 2018.

Finding Cancer Data Online

- You can find cancer reports on the ODH main page: https://odh.ohio.gov. Look at the Quick Links to Resources Data or Disease tab and look for the Cancer Data & Reports. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-comprehensive-cancer-control-program/cancer-data-stats
- Data from the **Ohio Cancer Incidence Surveillance System (OCISS)** is available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/welcome-to
- On the OCISS webpage you can find will find a number of different tabs for cancer data and statistics. The main cancer reports are under **Ohio Cancer Profiles**.
- A brief summary of cancer for each of Ohio's 88 counties is under **County Cancer Profiles.**
- If you are interested in more details about specific cancers in Ohio, look under the **Site-Specific Cancer Profiles**. For example, this year we updated the pancreatic cancer in Ohio profile.
- A new addition is the **Cancer Stats & Facts for Ohio** which are 1-page fact sheets that correspond with particular cancer awareness month. An example of the lung and bronchus cancer fact sheet for November Lung Cancer Awareness month was shown.
- You can explore data and statistics at the **Ohio Public Health Data Warehouse.** http://publicapps.odh.ohio.gov/EDW/DataCatalog
- In the Data Warehouse you can look at cancer incidence or mortality data. For example, in the Data Warehouse you will find a number of reports that are already prepared for use, or you can use the cancer report builder and select a particular year, cancer type, and demographic.
- Contact John Kollam by email with any questions: john.kollman@odh.ohio.gov

Questions

- Q: If someone dies of a co-morbidity of their cancer (example, liver failure from liver mets due to a cancer metastasis), are they still listed as a cancer death, or as the co-morbidity? (Tori Geib)
    - Ans: I think cancer in the mortality files is based on the underlying cause of death and the main reason that a person has died. I think the secondaries would be listed as well but the underlying cause of death would be the main cause of that person's death. You may want to contact the Bureau of Vital Statistics to confirm that and get more details.
    - Ans: Death certificates include the underlying cause of death, as well as contributing causes of death. Cancer mortality stats are based on the underlying cause of death only. The underlying cause should be coded to the primary cancer site, not a metastatic site or a co-morbidity. Years ago we did a study and found that a number of cancers with mets to the liver were incorrectly classified as liver cancer, but this coding error has improved over time. (Holly Sobotka)
    - Ans: As a doctor I would list the cancer as cause of death. (Dr. Joseph Hofmeister)

Cancer Health Equity in Ohio

(Kate Tullio, Cancer Health Analytics and Co-Chair of Health Equity Committee)

Goal: To hear about the ways that the Heath Equity Committee helped groups incorporate health equity into the development of Cancer Plan objectives and strategies.

- It helps to provide a grounding of what health equity is. Sometimes people think that health disparities and health equity are the same thing. They are intertwined but they are a little bit different.
- When we say health equity, we mean that it is social justice and health, that nobody is denied the possibility to be healthy due to belonging to a group that has historically been disadvantaged. Health disparities are the metric we use to measure progress toward achieving health equity.
- This is important in the Cancer Plan because if we can demonstrate a reduction in health disparities, it is evidence that we are moving toward health equity, and that is our goal.

Health Equity Committee- Cancer Plan Revision Process Overview

- Instead of working on one dedicated health equity section for the Cancer Plan, it was decided that the best format to ensure health equity was to work across committees and support health equity within their objectives and strategies.
- Members of Health Equity Committee volunteered to work with each committee to review objectives and strategies for health equity and suggest opportunities for health equity representation.

- Many Health Equity Committee members were already working within other committees, making integration and subject-matter knowledge easier.
- Before working with committees, Chip Allen (Director, Health Equity at ODH) provided framework and theory around health equity for group members, as well as potential tools that could be used to assess and measure health equity.

Ways in which Health Equity committee members worked within the other committees

- Cervical Cancer Work Group utilized data from BRFSS and OCISS to identify gaps in health equity (higher rates in Appalachian, Hispanic women; AA Women with more late-stage diagnosis). Group set baseline objectives based on the data identified, paying particular importance to groups where equity is not well represented.
- Skin Cancer Work Group worked to set their objectives, then sent to Health Equity Committee member for review and additional health equity considerations.
- Genetics Work Group included a combination of 'in-person' and email communication throughout the objective development process, with Health Equity Committee member advising on considerations throughout.
- Tobacco Work Group had a Health Equity Committee member give a presentation to the entire work group, providing guiding documents for incorporation of health equity principles.

Feedback elicited from committee members around health equity integration

- Health Equity Committee members felt included, felt like their suggestions were taken seriously, and felt everyone was receptive to new ideas and how to incorporate health equity.
- Partner committee members: general positive feedback that the partnership was beneficial and felt supported to include health equity.

Questions for discussion and growth

1. Is the varied approach to committee work effective? Should we standardize our approach/support in the future?
    - Comment written in the chat box: "I think the varied approach would allow HE to evaluate what is the best way to approach this going forward. Also, I think it was very helpful to have representative in the group made the objectives and strategies stronger." (Dr. Joseph Hofmeister)
2. Do partner committees have any comments or thoughts about ways Health Equity committee might be more supportive or helpful?
3. How does Health Equity Committee continue to partner to support reaching our objectives?

Shifting our Thinking to Implementation of the Plan

(Professional Data Analysts)

Goal: To provide a grounding on past Cancer Plan implementation work and shift toward thinking about how to implement the new Cancer Plan.

- PDA has been evaluating the Ohio Cancer Comprehensive Control Program externally since 2016, but we were not around to see what the revision process was like the last two rounds.
- However, there are people on this call who were around, so feel free to jump in and provide additional context.
- All of the information about past implementation is from evaluation results that have been collected since 2016 from people who were involved in the OPCC, or non-priority areas, or the CCC team.

History of Cancer Plan Implementation 2011- 2014

- No priorities or focus areas selected for the 2011-2014 Cancer Plan.
- PDA conducted a series of interviews with different stakeholders in 2016-2017 and heard that there were so many objectives that the OPCC membership waned a bit, and that it was a bit unclear what the priorities were and what the direction was going to be.

History of Cancer Plan Implementation 2015- 2020

- OPCC Executive Committee selected potential priority objectives to bring to the November 2015 OPCC general membership meeting.
- OPCC membership then voted to select three priorities (HPV, Colorectal Cancer, Survivorship)
- Annually the membership voted to continue, change, or add a priority area…
    - HPV, Colorectal Cancer Screening, and Survivorship were all maintained as priorities
    - One additional area (Breast Cancer) was a priority for a couple years
- A positive result was that many OPCC members thought having priority areas helped to focus efforts and feel as if progress is being made.
- A challenging result was that some members outside of the priority areas were unsure of how to best contribute.

Cancer Plan Topics 2021- 2030

The list below shows the final topics that will be included in the new Ohio Cancer Plan.

- Cancer and Aging
- Breast cancer detection
- Lung cancer detection
- Palliative care/hospice

- Cancer genetics
- Cervical cancer
- Colorectal cancer
- Environmental carcinogens
- Financial burden and barriers
- Hep B and C
- Physical activity, nutrition, and obesity
- Patient centered services
- Pediatric cancer
- Prostate cancer
- Tobacco use
- UV exposure
- Vaccines for cancer prevention/HPV associated cancers

Activity – Deeper dive into the 2021 – 2030 Cancer Plan objectives and strategies

(Professional Data Analysts)

Goal: To dive deeper into the final objectives and strategies for a topic and begin discussions about how to implement these strategies.

Groups were given about 20 minutes to discuss in breakout rooms. Next, participants were encouraged to share insights from the group conversations using Mentimeter. The large group debrief questions were: What topic did you discuss? What stood out to you in your group's discussion? What ideas were shared about implementation?

Round #1 Mentimeter results

The following responses were drawn from group discussions covering the topics:

- Cancer and Aging
- Breast cancer detection
- Cancer genetics
- Cervical cancer
- Colorectal cancer
- Environmental carcinogens
- Financial burden and barriers
- Hep B and C

Question 1: What stood out to you in your group's discussion? (21 responses)

- Emphasis on developing best practices
- Lots of partners for us to still involve in the group
- Comprehensive approach to looking at older adults and cancer.
- New ideas and suggestions
- People are spending more time at home, so radon mitigation at home seems more important.

- Financial Transparency is one of their focuses
- Input from a cancer patient was really helpful.
- The importance of stressing the objective of early detection screening for liver cancer
- Need to establish a best practice to communicate
- Diverse group of participants.
- Patient input
- Implementation strategies and prioritization
- So happy aging is being addressed
- Agreement on the strongest strategies.
- Need to update the CRC Objectives/strategies to reflect the new USPSTF Recommendations - a great problem to have
- We didn't have a lot of time, but the involvement of the entire group.
- Interest in the topic; questions on how to move forward
- The number of radon mitigations system anticipated seems optimistic.
- Ideas about using radio shows and podcasts to reach out to high-risk groups
- Helped clarify how the objective will be implemented.
- Need to incorporate Genomics for the already diagnosed patient into Genetics space

Question 2: What ideas were shared about implementation? (12 responses)

- Patient Conferences
- Resources on where to find data and connect
- Finding champions in the media to help with promotion
- Going to radio shows, podcasts, etc. to spread awareness.
- Encourage greater participation of older adults to join in clinical trials.
- Focused awareness of the objectives and strategies
- Utilize patient advocates and influencers
- Best practice communication can be shared for all other strategies
- Trying to narrow the implementation to one strategy per objective to start. Find out what is most important and focus on that.
- Costs may be a limiting factor in installing radon mitigation systems.
- Hep B/C—most important to implement screening, that will have most impact

- Is this objective too ambitious?

Note: A few responses indicated that their group did not have enough time for discussion.

Round #2 Mentimeter results

The following responses were drawn from group discussions covering the topics:

- Lung cancer detection
- Palliative care/hospice
- Physical activity, nutrition, and obesity
- Patient centered services
- Pediatric cancer
- Prostate cancer
- Tobacco use
- UV exposure
- Vaccines for cancer prevention/HPV associated cancers

Question 1: What stood out to you in your group's discussion? (28 responses)

- Great engagement!
- Excitement and momentum
- Our group leader is on the ball!
- The enthusiasm and great momentum
- So much work to be done!
- Excitement to move initiatives forward!
- Came prepared with ideas and passion
- People showed they really cared about the objectives
- The passion and excitement to finally have Pediatric Cancer included
- People have ideas about moving into implementation.
- High engagement, thinking about next steps
- Helping meeting goals and tying to workplace initiatives
- Patient involvement is critical to executing mission
- Good additional suggestions on who to add as stakeholders
- Great group of people involved.

- Need for legislative voice on OPCC
- Ideas were shared that were realistic
- Great interest and expertise went into the objective and strategies.
- Information for awareness of the need for early detection and screening of lung cancer
- Cross pollination from adjacent roles!
- That prostate related genetic tests are advancing rapidly - The importance of executing the plans.
- UV workgroup was excellent -- everyone in group participated, very helpful networking opportunity. Much appreciated everyone's help.
- Interest in helping was PALPABLE!!!!!!!!!!!!!!!!!!!!!
- Uncovered invaluable avenue for educating Palliative Care
- "Nothing About Us Without Us" - Patient Involvement
- The need for stakeholders that can help lobby for a cigarette excise tax
- Need to get some awareness of lung cancer screening.
- Utilize Patient Conferences to empower patients to advocate for their needs

Question 2: What ideas were shared about implementation? (12 responses)

- Increase awareness and legislative initiatives.
- The workgroup already has plans to move forward
- Will be easier once COVID is under control
- Additional stakeholders (e.g., dentists and pharmacists for HPV-associated cancer screening)
- Exercise prescriptions from physicians
- The need to get other groups and organizations involved.
- Great ideas were shared but we have to find the right people who are connected to our school systems for implementation
- Great ideas about how to engage adults and kids to reach healthy activity, nutrition, and address obesity
- Need legislator involvement.
- These objectives are aligned with ones included in the state tobacco plan
- Connecting with the Prostate Committee about free or low-cost screening at the Columbus Cancer Clinic.

- Utilize patient conferences to educate and empower patients to advocate for their needs

2021 – 2030 Cancer Plan Implementation

(Amy Bashforth, Chronic Disease Program Manager, Ohio Department of Health)

Goals: To talk about next steps and the role of OPCC members and partners in implementing the Cancer Plan. To recognize the value of the OPCC coalition in working together to reduce the burden of cancer in through strategic partnerships. To share information about ways to be involved in OPCC and the benefits of being an OPCC member.

- I want to talk about next steps with implementation and what your role is with implementing the Cancer Plan.
- I want to stress that while ODH has a role in coordinating cancer control work throughout the state, this is certainly not work that we can do alone. All of you who are partners in this coalition bring a diversity of perspectives, resources, and experiences that we need in order to be successful with this work.
- We can do more together through this strategic effort to reduce the burden of cancer in Ohio than we can do apart.
- Just as we needed you to be involved in developing all of the objectives and strategies for the Cancer Plan, we also need you to be involved in order to implement the Plan. I hope that your involvement in developing the Plan shows you that this is really your Plan. This is our Plan, and we all have a stake in this Plan.

Way to be involved

- Amy discussed various ways to be involved, including
    - Continue to actively participate in OPCC meetings in 2021 and beyond
    - Give your input on the Cancer Plan Implementation Survey
    - Work as part of a group to help implement Cancer Plan strategies
    - Stay informed through OPCC emails and the Cancer Plan Library on the website that will continue to be updated
    - Invite others to join our efforts

OPCC membership

- As mentioned earlier in the meeting, a lot more people were engaged in this process who were not previously OPCC members. A lot of you have been engaged in workgroups over the past year and maybe haven't yet formalized your membership with OPCC. We encourage you to consider being a member.
- There are a lot of things that being an OPCC member means, including

- Learning and knowledge exchange
- Opportunities for networking
- Access to resources
- Coordination, streamlined efforts, and shared goals
- New and fresh ideas
- Camaraderie and support
- Recognition
- Dedicated time to reflect on cancer work
- Cancer advocacy
- Social equity
- Advance organizational goals
- Opportunity to share talents and resources
- Organizational representation/voice in statewide cancer efforts

Reminder: You can become a member by completing an application online: https://www.ohiocancerpartners.org/membership-form/
If you have any questions about membership, reach out to info@ohiocancerpartners.org.

Cancer Plan Timeline

- As a brief recap, we are in November and are finalizing the Plan. We are putting together all the components, all the objectives and strategies as well as the cancer burden and health equity sections. We are putting these pieces together as well as stories about real Ohioans impacted by cancer.
- We are working with a graphic designer to make the Plan engaging and visually appealing.
- The goal is: in January we can have copies printed and distributed.
- Then we can begin the exciting work of implementing the Plan.
- Implementation of the Cancer Plan is expected to begin in early 2021.
- Submit any questions or ideas to the OPCC email at info@ohiocancerpartners.org.

OPCC 2021 meeting dates

- You will notice that the dates have been shifted around a bit for 2021. The Executive committee had a conversation about keeping engagement high. One of the meetings has traditionally been in July and we have seen that attendance tends to be lower in July. We talked about avoiding summer when people are on vacation and it is harder to participate.

- The next OPCC Membership Meeting dates will be:
    - ✓ February 4th (virtual)
    - ✓ May 6th
    - ✓ October 7th

- Thank you to everyone for all the hard work that went into this, especially Angie Santangelo and Lindsey Byrne. The two of them have spent an incredible amount of time helping to steer this process, and we are really indebted to them for all the effort they have put into this.
- The Executive Committee members and the Revision Workgroup members, all the people who stepped up to be workgroup leads and joined workgroups. We are really indebted to you all for this Plan that is really our Plan. And thank you to PDA for helping us through this process also.

Closing and Next steps

(Lindsey Byrne, Licensed Genetic Counselor, Comprehensive Cancer Center, The Ohio State University Wexner Medical Center, OPCC Co-chair)

- Lindsey expressed gratitude to everyone for their hard work revising the Cancer Plan and for being energized to keep this work going.
- Reflecting as the outgoing OPCC Executive Co-chair, she said it was a wonderful experience and that it feels really good to have a plan that we can feel good about and that will help families dealing with cancer.
- Please reach out to us. We want to help guide you to get involved and give you resources and help you carry on.
- November 12th is Genetic Counselor Awareness Day, and information was shared about genetic counseling work being done across Ohio. Anyone can reach out to Lindsey for more information or to get involved. http://ohiogenetics.org/
- Lindsey introduced Ashley Ballard as incoming OPCC Executive Co-chair.
- Being part of the OPCC leadership team helped in making many more connections. Your voice is just as important as someone who is a large person in the field. Everyone has something important to contribute to the Cancer Plan.
- It was mentioned that a recording of the presentation and the meeting notes with links to resources will be posted on the OPCC website shortly after the meeting. Everyone is encouraged to go back over the information and resources provided from the presentation at: https://www.ohiocancerpartners.org/cancer-plan-library/
- A final reminder was given to take the Implementation Survey sent by PDA via email.

Reminders

- Next OPCC membership meeting dates are:

- ✓ February 4th (virtual)
- ✓ May 6th
- ✓ October 7th

- Reach out to info@ohiocancerpartners.org if you have questions about the Cancer Plan process.
- Check out the OPCC website often for materials, resources, and other updates. https://www.ohiocancerpartners.org/cancer-plan-library/.
- Become a member of OPCC (if you are not already)! Membership application: https://www.ohiocancerpartners.org/membership-form/

Appendix: Links shared during the meeting

Cancer Network: https://www.cancernetwork.com/view/strategies-for-overcoming-disparities-for-patients-with-hematologic-malignancies-and-for

CCCP Health Equity Checklist: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf

CDC website with list of all state Cancer Plans: https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

Key Stakeholders by Topic: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf

List of Proposed Cancer Plan Topics and Topic Leads/Co-Leads
https://docs.google.com/document/d/1cWfH2uS969JkMWoAX90AH2w-9X1jXAJrJj8Gvm9WBhU/edit?usp=sharing

List of Topical Workgroups and Leads: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf

National Cancer Institute: https://www.cancer.gov/research/areas/disparities/health-disparity-studies

Ohio Association of Genetic Counselors: http://ohiogenetics.org/

Ohio Bureau of Vital Statistics: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/vital-statistics

ODH Cancer Data and Statistic page: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics

Ohio Cancer Plan Guidebook: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Guidebook_Worksheets_and_Checklists_rev_July2020.pdf

Ohio Cancer Plan Revision Overview: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Overview_of_Ohio_Cancer_Plan_Revision_.pdf

Ohio Cancer Plan 2021-2030 Topics & Objectives: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Objectives_in_Ohio_Cancer_Plan_2021-2030.pdf

Ohio Cancer Atlas 2019: (County-level maps) https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-cancer-atlas-2019

Ohio Cancer Report 2020: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-annual-cancer-report-2020

Ohio Department of Health's Children with Medical Handicaps (CMH) program: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to

Ohio Public Health Data Warehouse: https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/ohio-public-health-data-warehouse1

OPCC Website w/ resources: https://www.ohiocancerpartners.org/cancer-plan-library/

Progress toward Ohio Cancer Plan 2015-2020 goals: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Progress_toward_current_Cancer_Plan_targets_.pdf